

INDIANA STATE DEPARTMENT OF HEALTH
Technical Assistance Grant Application

May 13, 2003

The Indiana State Department of Health (ISDH) is pleased to announce the availability of funding to assist ISDH with the technical assistance/monitoring needs of the State Funded Community Health Center Program. ISDH is making these funds available to not-for-profit, tax exempt organizations that:

- have a primary mission to address the health care needs of the people of Indiana,
- provide services statewide,
- are committed to eliminating health care disparities,
- support efforts to improve the health status of both uninsured and insured families and underserved populations by supporting ISDH and community health centers that provide comprehensive primary and preventative health care and enabling services; and
- are not providing direct medical/clinical services to patients.

All applications for Technical Assistance must be received by close of business on June 16, 2003.

ISDH has identified 3 components that are needed to assist ISDH in supporting the implementation of the State Funded Community Health Center Program. The areas are:

PART A: CORE

PART B: PRIMARY HEALTH CARE PROMOTION

PART C: INCREASE PRIMARY HEALTH CARE ACCESS IN RURAL AREAS

Interested eligible organizations may apply for all or any individual part.

These funds will be allocated following a competitive application process. Priority will be given to those organizations that:

- develop collaborative applications with other organizations eligible to apply for this funding,
- provide a dollar for dollar match to requested funds,
- most completely addresses the components listed in each of the 3 areas that ISDH needs assistance with, and
- have established relationships with currently State Funded Community Health Centers.

Funding decisions will be made at the sole discretion of the Indiana State Department of Health.

Sincerely,
Jonathan P. Mack
Director, Office of Primary Care
Indiana State Department of Health
317-233-8651

INDIANA STATE DEPARTMENT OF HEALTH

Community Health Center Funding

Application for Funding

SFY 2004

Section I.

Fill in the blanks.

LEGAL AGENCY/ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

AGENCY CEO or OFFICIAL CUSTODIAN OF FUNDS: _____

EMAIL: _____

CONTACT PERSON: _____ EMAIL: _____

TAX PAYER ID NUMBER: _____

ARE YOU REGISTERED WITH THE SECRETARY OF THE STATE? YES___ NO___

Section II.

Answer the following questions. Add additional pages as needed. Provide information that is descriptive and detailed. The Indiana State Department of Health (ISDH) reserves the right to ask for additional information or clarification if necessary for the proper evaluation of applications.

1. **History of Organization** - Provide a summary of the history of the organization.
2. **Statement of Organization Purpose** – Provide an overview of the mission, vision, goals and objectives of the organization. Provide detail into the future planning for the organization.
3. **Describe the Organization’s Operating Structure** – Provide a review of the overall organizational operating structure of the organization. In doing so, please attach organizational charts, copies of all license and certification for all relevant staff, listing of the Board of Director’s names, addresses, and positions, and documentation of not-for-profit tax exempt status.
4. **Describe the Geographic Areas Statewide where Resources are to be Focused.**
5. **Financial Prospectus** – Provide a line item overview of the organizations current year operating budget expenses and revenues. Be sure to include a listing of all sources of revenues in the current years operating budget. In addition, provide the most recent current annual report and audited financials for the organization.

SECTION III. ISDH 3 Funding Components

Directions: Please state what activity or activities that you will do to meet each item ISDH is requesting assistance with. You only need to complete if you are applying for funding in each respective Part A, B and/or C.

PART A. CORE

To provide funding to assist the Indiana State Department (ISDH) with implementing the State Funded Community Health Center Program, ISDH has identified the need for assistance in the following areas:

1. Development – Assisting ISDH with strengthening and expanding primary and preventive health care services and access statewide.

- 1.1. Assist with community preparedness, readiness, and need, and provide support with community organization and ownership of the primary health care site.

Activities:

- 1.2. Identify priority primary health care areas within the state by assisting communities with obtaining demographic information, health indicators, and supply of medical providers within local communities.

Activities:

- 1.3. Assist potential participants on writing business plans and strategic plans that aid in building self-sustaining sites.

Activities:

- 1.4. Assistance with identification and development of new Community Health Centers and centers having the elements and structure of an Academic Rural Health Training Center (A rural health care provider that allows for educational experiences for physicians, nurses, allied health, etc. within a multi-discipline approach.) and statewide AHEC system.

Activities:

2. Technical Assistance – Assisting ISDH with providing State Funded Community Health Centers with technical assistance and expertise to improve operations and service delivery to both uninsured and insured people in targeted service areas.

- 2.1. Assist CHCs with developing a system of quality care.

Activities:

- 2.2. Provide clinical quality review to all CHCs.

Activities:

- 2.3. Provide support to funded centers to assist them in meeting the CHC standards for state funding.

Activities:

- 2.4. Provide crisis support.

Activities:

- 2.5. Assist with preparing funded sites to meet and apply for other grants that assist with each CHCs financial sustainability.

Activities:

- 2.6. Provide technical assistance for building and maintaining community support and collaboration.

Activities:

- 2.7. Provide technical assistance for Medicaid (Hoosier Healthwise/Children's Health Insurance Program, etc.), Medicare, or 3rd party payor issues.

Activities:

- 2.8. Provide technical assistance to assist each CHC with establishing and maintaining a billing and collection system.

Activities:

- 2.9. Provide technical assistance to assist with recruitment and retention of medical providers.

Activities:

- 2.10. Provide technical assistance for education, information and assistance with fund raising, revenue development and outreach/marketing for increased patient numbers.

Activities:

- 2.11. Provide support and technical assistance to State Funded Community Health Centers in tracking, documenting, and reporting timely and accurate data that substantiates outcomes.

Activities:

- 2.12. Provide technical assistance for education, training, and organizing CHC board members in their roles and responsibilities towards the operations of an efficient, effective, and financially sound community health center

Activities:

3. Monitoring – Assisting ISDH in tracking, documenting, monitoring, and reporting performance and outcome expectations of State Funded Community Health Centers.

- 3.1. Visit each State Funded Community Health Center at least once a year to ensure ongoing compliance with CHC standards and contract expectations.

Activities:

- 3.2. Maintain quarterly phone contacts with each State Funded Community Health Center, at a minimum, regarding updates on interventions and issues that were previously addressed at site visits. Many centers will require more frequent phone contact.

Activities:

- 3.3. Attend, at a minimum, one Board meeting for each State Funded Community Health Center.

Activities:

- 3.4. Monitor each State Funded Community Health Center's ongoing financial status and long-range financial planning.

Activities:

- 3.5. Monitor each State Funded Community Health Center's service delivery on a monthly basis.

Activities:

- 3.6. Monitor each State Funded Community Health Center's service delivery as based on patient satisfaction surveys of a sample of the centers client base.

Activities:

4. Evaluation – Assisting ISDH in evaluating the accomplishments of State Funded Community Health Centers.

- 4.1. Evaluate service delivery to include policies and procedures, quality assurance reviews, and peer performance.

Activities:

- 4.2. Evaluate each CHC regarding compliance with CHC standards and contracting expectations.

Activities:

- 4.3. Evaluate community need, support and participation as addressed in meeting with each site's board.

Activities:

- 4.4. Evaluate changes in each State Funded Community Health Center's population served, changes in services that the center provides, major changes in fund sources, and major operation changes to include management information systems, billing systems, and electronic medical records.

Activities:

5. ISDH Communication Requirements

- 5.1. Meet face to face once per month, or on a schedule suggested by ISDH, on provision of the above.

Activities:

- 5.2. Maintain regular contact with ISDH providing updates on the status of each State Funded Community Health Center.

Activities:

- 5.3. Voucher on a monthly basis for expenses.

Activities:

- 5.4. Produce a written report annually. This report will summarize funded centers performance and services as described above. The report should list each State Funded Community Health Center separately and provide a summary of an evaluation based on:
 - 5.4.1. Compliance with CHC standards.
 - 5.4.2. Compliance with monthly reporting requirements.
 - 5.4.3. Evaluation of financial reports.
 - 5.4.4. Number of new uninsured patients served in relation to their grant application.
 - 5.4.5. Establishment, composition, attendance and active involvement of funded sites community boards.
 - 5.4.6. Compliance with center's policies and procedures, QA reviews and peer performance.
 - 5.4.7. Observation of community involvement and support as evidence by Community support.
 - 5.4.8. Documentation of contacts with each CHC.
 - 5.4.9. Discussion of any problems uncovered and actions taken or advised to correct the situation.
 - 5.4.10. Efforts to provide rational explanations for deviations in grantee performance versus planned, particularly as they are caused by unforeseen developments common to CHC, i.e. changes in Medicaid managed care.
 - 5.4.11. Discussion of CHC new starts or potential expansion sites.

Activities:

- 5.5. Produce a written report describing the accomplishments and outcomes of service delivery for PART A on an annual basis.

Activities:

PART B. PRIMARY HEALTH CARE PROMOTION

To provide funding to assist the Indiana State Department (ISDH) with promoting primary and preventive health care services to the uninsured in settings of community health centers, ISDH has identified the need for assistance in the following areas:

1. Workshops, forums, programs, and trainings.

- 1.1. Technical assistance workshops to be delivered as deemed valuable to a significant number of State Funded Community Health Center sites.

Activities:

- 1.2. Workshops to address the specific operational needs of State Funded Community Health Centers.

Activities:

- 1.3. Public forums to assist with promoting awareness, development, and community support for Community Health Centers.

Activities:

- 1.4. Educational programs and trainings to assist with recruitment and retention of health care providers in State Funded Community Health Centers.

Activities:

2. ISDH Communication Requirements

- 2.1. Advanced notification of the time, place, presenters, and topic for each workshop, forum, program or training.

Activities:

- 2.2. Voucher with itemized breakdown of cost occurred in implementing each workshop, forum, program or training.

Activities:

- 2.3. Copies of Participation Satisfaction Surveys and overall analysis of data from the survey.

Activities:

- 2.4. Summary of the strengths and areas for improvement of each workshop, forum, program or training.

Activities:

PART C: INCREASE PRIMARY HEALTH CARE ACCESS IN RURAL AREAS

To provide funding to assist the Indiana State Department (ISDH) with promoting primary and preventive health care services to the uninsured in settings of community health centers within rural areas, ISDH has identified the need for assistance in the following areas:

1. Development – Assisting ISDH with strengthening and expanding primary and preventive health care services and access in rural areas.

- 1.1. Assist with the development of criteria to be used to identify rural areas within the State of Indiana.

Activities:

- 1.2. Collection of data and other information as identified in PART C. 1.1 in identifying rural areas within the State of Indiana and developing a map showing all rural areas.

Activities:

- 1.3. Assist with development of criteria that can be used to identify priority primary care areas within rural areas.

Activities:

- 1.4. Assist with identifying rural areas that may be ready to proceed with the planning and start-up of a community health center.

Activities:

- 1.5. Bring more attention to rural health care by promoting primary and preventive health care in rural areas.

Activities:

- 1.6. Provide supporting efforts to improve the health status of both uninsured and insured families and underserved populations by supporting rural health care providers that provide comprehensive primary and preventative health care and enabling services.

Activities:

2. ISDH Communication Requirements

- 2.1. Meet face to face once per month, or on a schedule suggested by ISDH, on provision of the above.

Activities:

- 2.2. Maintain regular contact with ISDH providing updates on the progress of PART C. 1. Development as described above.

Activities:

- 2.3. A final report describing the criteria and justification that was used to identify rural areas within the state of Indiana.

Activities:

- 2.4. Produce a written report describing the accomplishments and outcomes of service delivery for PART C on an annual basis.

Activities:

- 2.5. Voucher on a monthly basis with an itemized breakdown of expenses.

Activities:

SECTION IV: BUDGET

A. BUDGET DETAIL

The following Budget Detail Sheets must contain information about the expenses and income sources for each designated category. Please use one budget sheet for each of PART A, PART B, and PART C. Please be as detailed as possible when completing each budget sheet as to demonstrate financial need.

Directions for Budget Sheet:

Section I, “Expenses”, contains three columns.

- Column one (1), “State CHC Fund Request”, is to include the total amount of money being requested from the ISDH-CHC Fund for State Fiscal Year 2004 (July 1, 2003 – June 30, 2004) for each category of expense. Column two (2), “Other Funding”, is to include the total amount of money to be received from other sources to pay for expenses for each category of expense. The “Other Funding” should relate specifically to each respective PART you are requesting the CHC Funds to support and not include your organization’s total budget.
- Column three (3) is a total of Columns 1 and 2.

Section II, “Income Sources,”

This section requires information on all sources of applicant’s total income for each respective PART that you are planning to complete activities within. Expenses for each respective PART must equal income for each respective PART. Amounts are to reflect actual or estimated costs and revenues.

Applicants are required to use the Budget Detail Sheet as provided. You may reproduce the format on your computer.

Expenses - Section I on Budget Detail Sheet

1. **Salaries & Wages:** the total amount needed to pay for the salaries of staff people working on the proposed program (include dollar amount requested from CHC Fund and all other sources). In the budget justification section, list each separately with details of expense of salary x % of time working on program x grant period.
2. **Fringe Benefits:** the aggregate amount needed to pay for fringe benefits for staff people working on the proposed program. Include: FICA, workers’ compensation insurance, health & life insurance, retirement programs, reimbursements, etc. In the budget justification section, list each separately with details of expense
3. **Consultant & Contractual Services** (a and b are to be entered as one expense total - but separate explanations and justifications given for both in the budget justification section):
 - a. Consultant: The amount needed to pay for paid consultants working on the program (trainers, evaluators, etc.). The amount for in-kind consultant services must be calculated at the normal rate for like services in the community. In the budget justification section, list each consultant position separately with details of expense. Identify the consultants by name. Example: Evaluation Consultant (Dr. Fastresults, University Evaluation Center) 10/hrs/mo x \$50/hr x 12 mos. = \$6,000.00.
 - b. Contractual: The amount needed to pay for subcontracts to be executed for the program. In the budget justification section, list each subcontract to be

executed separately with details of the expense and an explanation of duties, which will be fulfilled through subcontracts. Failure to identify all subcontractors to be executed to carry out service duties may result in denial of that expense.

4. **Space Costs:** The amount needed to pay for space. Include paid for: office, rent, space used outside your office, utilities, maintenance, etc. List each item separately with details of expense. Example: Office rent 1,200 sq. Ft. @ \$6.00/ft x 1 year = \$7,200.00. Funds may not be used for capital expenditures.
5. **Supplies:** The amount needed to pay for consumable supplies to support the program. Includes: stationery, pens, pencils, paper clips, paper supplies, etc. Copying supplies and regular postage should also be included in this item. In the budget justification section, list each group of items separately with details of expense. Example: Desk-top supplies for 6.5 staff @ \$125.00/each/yr = \$812.00.
6. **Travel:** The amount needed to pay for anticipated travel costs **directly related to program activities**, calculated at the state rate of \$0.28 per mile. Be specific for each personnel or consultant position. In the budget justification section, list each item separately with details of expense. Example: Local mileage – Program Director 100 mi/mo @ \$.28/mi x 12 mos = \$336.00.

[Travel costs for program/service-related training (i.e. continuing medical education, conferences or workshops) outside the community (state or national) are to be included under paragraph nine (9) below.]

7. **Telephone:** The amount needed to pay for installation, basic fees and long distance costs to support operations of the center. In the budget justification section, list each item separately with details of expense. Example: Installation @ \$26.00 = \$26.00 or Basic monthly fee @ \$100/mo x 12 mos = \$1,200.00 In the budget justification section, list each separately with details of expense
8. **Equipment:** The amount needed to pay for the rental, lease or purchase of equipment to support activities of the program. List each item separately with details of expense. Example: (1) Dental Equipment @ \$500.00/mo X 12 = \$6,000.00 or (3) Spendthrift typewriters @ \$30/mo leased x 12 mos = \$1,080.00. A statement in the budget justification sheet describing the need for and benefit to proposed program must support these items.
9. **Other Related Expenses:** The amount needed to pay for service-related costs to support the activities of the program. Includes materials, software, meeting space outside the office, meeting supplies, conference/workshop fees, per diem/travel expenses, brochures, etc. List each item separately with details of expense. Example: Parent Education Workshop meeting space @ \$50/meeting x 1/mo x 12/mo = \$600.00 or 600 Program brochures @ \$.25/copy = \$150.00. Do not duplicate expenses previously listed. The title and location of conferences or workshops must be identified.* A statement in the budget justification sheet describing the need for and benefit to proposed program must support these items.
10. **Other Costs:** The amount needed to pay for other costs to support the activities of the program. Includes: CPA audit expenses, resource materials, and all other items, which do not fit naturally into another category. **In the budget justification section, list each item separately with details of expense and reason why it is needed.**

Example: CPA audit @ \$500 = \$500.00. Do not duplicate expenses previously listed.

Income Sources - Section II on Budget Detail Form

Indicate the total amount, by source, of committed or estimated income. List all miscellaneous sources separately in the space provided. Total program income must equal the total program expenses.

B. BUDGET JUSTIFICATION

On separate pages provide detailed justification for expenses that are to be paid for by State CHC Funds! Provide detailed information in narrative form supporting budgeted money on the Budget Detail Sheet. A statement in the Budget Justification Sheet describing the need for and benefit to the proposed program must support line items. Be specific.

SELECTED UNALLOWABLE EXPENSES

Unallowable expenses include, but are not be limited to, the following:

1. Bad Debts: Bad debt expense is not an allowable expense.
2. Capital Expenditures: The cost of any capital purchase of \$500 or more is not allowed as expense .
3. Contingency or Reserve Funds: Funds that are reserved for specific or unforeseen future expenses are not allowable as expenses for purchased services.
4. Contributions: Contributions or donations made by applicant to other agencies are not allowable expenses.
5. Depreciation on Assets Purchased with Federal or State Funds: Depreciation on buildings or equipment furnished by the federal government, purchased through federal grants, or by state monies are not an allowable expense.
6. Expenses Offset by other Revenue: Expenses already reimbursed through other state or federal programs are not allowable expenses.
7. Fines and penalties: Fines and penalties are not allowable expenses for purchased services.
8. Fund Raising Costs: Costs incurred for fund raising should be off-set by fund raising revenue and are not allowable expenses.
9. In-Kind Expenses: In-kind expenses recorded to recognize the value of donated goods and services are not allowable as service or grant expenses.
10. Legal Expenses: Legal expenses are not allowable expenses.

11. Lobbying Expenses: Cost incurred in attempting to influence the federal or state executive or legislative branches of government, including lobbyist and related expenses, are not allowable expenses.
12. Interest Expenses: Interest expense is not an allowable expense.
13. Contract Supplies: Supplies used in the production of goods to be sold should be offset by program income and are not allowable expenses.
14. Moving Costs: The applicant's costs of moving are not allowable expenses.
15. Organization Costs: The applicant's cost of organizing and reorganizing as a legal entity are not allowable expenses.
16. Taxes: Taxes for which the applicant could be exempted are not allowable expenses, and taxes and related penalties from prior years are not allowable expenses.

BUDGET DETAIL
The budget should be for PART A ONLY.

Section I. Expenses	STATE CHC FUND REQUEST	OTHER FUNDING	TOTAL EXPENSES
1. Salaries and Wages (Staff position and salaries x hours x grant period)	\$	\$	\$
2. Fringe Benefits (aggregate amount)	\$	\$	\$
3. Consultant & Contractual Services (Fees x hours x grant period)	\$	\$	\$
TOTAL PERSONNEL EXPENSE (total of categories 1-3)	\$	\$	\$
4. Space Costs (Example: Rent, utilities, & maintenance)	\$	\$	\$
5. Supplies (Example: Medical, Desk top & paper supplies, postage)	\$	\$	\$
6. Travel (Example: Mileage, accommodations for staff & consultants)	\$	\$	\$
7. Telephone (Example: Installation, basic & long distance service fees)	\$	\$	\$
8. Equipment (Example: Desks, typewriters, exam tables, etc.)	\$	\$	\$
9. Other Related Expenses (Example: Materials, meeting space, conference registrations)	\$	\$	\$
10. Other Costs (Example: CPA audit)	\$	\$	\$
TOTAL NON-PERSONNEL EXPENSE (total of 4-10)	\$	\$	\$
TOTALS (Total Personnel Expense + Total non-personnel expense)	\$	\$	\$

- Details MUST be listed on the Budget Justification Sheet

**INDIANA STATE DEPARTMENT OF HEALTH
BUDGET
PAGE 2**

Section II. Income	
A. Federal or State Grants (Please list contracts out individually including amount & contract number)	\$
B. Foundation Grants and other grants	\$
C. Third party revenues (Please separately list each source such as Medicaid or Medicare and amount)	\$
D. Patient Collections (Sliding scale collections)	\$
E. Donations	\$
F. Special Events Proceeds	\$
G. In-Kind Donations & Services	\$
H. Total Requested of CHC Fund	\$
I. Miscellaneous	\$
TOTAL INCOME	\$

* Please note - Total income should equal Total Expenses.

BUDGET DETAIL
The budget should be for PART B ONLY.

Section I. Expenses	STATE CHC FUND REQUEST	OTHER FUNDING	TOTAL EXPENSES
1. Salaries and Wages (Staff position and salaries x hours x grant period)	\$	\$	\$
2. Fringe Benefits (aggregate amount)	\$	\$	\$
3. Consultant & Contractual Services (Fees x hours x grant period)	\$	\$	\$
TOTAL PERSONNEL EXPENSE (total of categories 1-3)	\$	\$	\$
4. Space Costs (Example: Rent, utilities, & maintenance)	\$	\$	\$
5. Supplies (Example: Medical, Desk top & paper supplies, postage)	\$	\$	\$
6. Travel (Example: Mileage, accommodations for staff & consultants)	\$	\$	\$
7. Telephone (Example: Installation, basic & long distance service fees)	\$	\$	\$
8. Equipment (Example: Desks, typewriters, exam tables, etc.)	\$	\$	\$
9. Other Related Expenses (Example: Materials, meeting space, conference registrations)	\$	\$	\$
10. Other Costs (Example: CPA audit)	\$	\$	\$
TOTAL NON-PERSONNEL EXPENSE (total of 4-10)	\$	\$	\$
TOTALS (Total Personnel Expense + Total non-personnel expense)	\$	\$	\$

- Details MUST be listed on the Budget Justification Sheet

**INDIANA STATE DEPARTMENT OF HEALTH
BUDGET
PAGE 2**

Section II. Income	
A. Federal or State Grants (Please list contracts out individually including amount & contract number)	\$
B. Foundation Grants and other grants	\$
C. Third party revenues (Please separately list each source such as Medicaid or Medicare and amount)	\$
D. Patient Collections (Sliding scale collections)	\$
E. Donations	\$
F. Special Events Proceeds	\$
G. In-Kind Donations & Services	\$
H. Total Requested of CHC Fund	\$
I. Miscellaneous	\$
TOTAL INCOME	\$

- Please note - Total income should equal Total Expenses.

BUDGET DETAIL
The budget should be for PART C ONLY.

Section I. Expenses	STATE CHC FUND REQUEST	OTHER FUNDING	TOTAL EXPENSES
1. Salaries and Wages (Staff position and salaries x hours x grant period)	\$	\$	\$
2. Fringe Benefits (aggregate amount)	\$	\$	\$
3. Consultant & Contractual Services (Fees x hours x grant period)	\$	\$	\$
TOTAL PERSONNEL EXPENSE (total of categories 1-3)	\$	\$	\$
4. Space Costs (Example: Rent, utilities, & maintenance)	\$	\$	\$
5. Supplies (Example: Medical, Desk top & paper supplies, postage)	\$	\$	\$
6. Travel (Example: Mileage, accommodations for staff & consultants)	\$	\$	\$
7. Telephone (Example: Installation, basic & long distance service fees)	\$	\$	\$
8. Equipment (Example: Desks, typewriters, exam tables, etc.)	\$	\$	\$
9. Other Related Expenses (Example: Materials, meeting space, conference registrations)	\$	\$	\$
10. Other Costs (Example: CPA audit)	\$	\$	\$
TOTAL NON-PERSONNEL EXPENSE (total of 4-10)	\$	\$	\$
TOTALS (Total Personnel Expense + Total non-personnel expense)	\$	\$	\$

- Details MUST be listed on the Budget Justification Sheet

**INDIANA STATE DEPARTMENT OF HEALTH
BUDGET
PAGE 2**

Section II. Income	
A. Federal or State Grants (Please list contracts out individually including amount & contract number)	\$
B. Foundation Grants and other grants	\$
C. Third party revenues (Please separately list each source such as Medicaid or Medicare and amount)	\$
D. Patient Collections (Sliding scale collections)	\$
E. Donations	\$
F. Special Events Proceeds	\$
G. In-Kind Donations & Services	\$
H. Total Requested of CHC Fund	\$
I. Miscellaneous	\$
TOTAL INCOME	\$

* Please note - Total income should equal Total Expenses.

INDIANA STATE DEPARTMENT OF HEALTH
Budget Justification Sheet